

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000049430

1. Entity Name
AMCAP VENTURES, INC.



Principal Place of Business
1281 E. MAIN ST.
STAMFORD, CT 06902

Mailing Address
1281 E. MAIN ST.
STAMFORD, CT 06902



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1485935

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

OMER, ABRAHAM
15540 MEADOW WOOD DR
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000082486
03/09/04-80031-025 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
KAISER, JAY
STREET ADDRESS
C/O AMCAP, 1281 EAST MAIN STREET
CITY - ST - ZIP
STAMFORD, CT 06902

TITLE
NAME
T
BOLLERMAN, STEVEN
STREET ADDRESS
C/O AMCAP, 1281 E MAIN ST
CITY - ST - ZIP
STAMFORD, CT 06902

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN BOLLERMAN

3/3/04

327-2001

Date

Daytime Phone #